



**BUREAU OF LAND AND WASTE MANAGEMENT
UNDERGROUND STORAGE TANK PROGRAM**

2600 Bull Street Columbia, SC 29201
Telephone (803) 896-6240 Fax (803) 896-6245

FACT SHEET

TO: Underground Storage Tank Site Rehabilitation Applicants

SUBJECT: Contractor Certification Application Approval Process

A person or company desiring to become a S. C. Certified Site Rehabilitation Contractor may obtain an application from SCDHEC, Underground Storage Tank Program, 2600 Bull Street, Columbia, SC 29201.

A completed application may be mailed or hand delivered to the Underground Storage Tank Program office and must include:

- Names of key personnel
- Statement of status of insurance to include General Liability, Professional, Pollution/Property Damage
- Copy of a SC Professional Engineer or Professional Geologist Certificate – if applying for a Class I Certificate
- Completed and signed IRS W-9 Form

Once we receive the application, the following process will be followed:

- Because applications are published in the State Register on Public Notice
 - Applications must be received in the Underground Storage Tank Management office by noon on the Wednesday before the 2nd Friday of the month to be published in the State Register the fourth Friday of the month
 - The period for Public Notice is for 30 days
 - Comments from the public regarding the applying company are received during this period
 - During the Public Notice period information on the application is verified and insurance requirements are completed
- A decision on a certificate will be made within one week following the end of the Public Notice period provided all requirements are met and no unfavorable comments have been received.

Please feel free to contact Barbara Boyd, Administrative Section Manager, Underground Storage Tank Program at (803) 896-6243, should you have any further questions.



UNDERGROUND STORAGE TANK SITE REHABILITATION CONTRACTOR CERTIFICATION APPLICATION

SCDHEC • 2600 Bull Street, Columbia SC 29201 • (803) 896-6240

SCDHEC USE ONLY

☐ New Application ☐ Updated Application, Certification # _____

Certification # _____

Verified by _____

1. APPLICANT INFORMATION

Individual/Company Name _____

E-mail address _____

Principal Contact Person _____

()

Telephone _____

Mailing Address _____

()

FAX _____

City, State, ZIP Code _____

[If you would like to have other company locations certified also, please fill out a separate application.]

If other company locations are currently certified, please list the location and certification number(s).

Location

Certification number

2. CERTIFICATION LEVEL REQUESTED

☐ Class I and Class II (SC Certified PG *or* PE required) ☐ Class II only (PG or PE *not* required)

3. INSURANCE COVERAGE MAINTAINED BY APPLICANT

General Liability \$ _____ Professional Liability \$ _____

Pollution/Property Damage \$ _____

- 4. Key Personnel** — List those persons who will be signing submitted work and whose “Applicable Experience” meets the requirements of R.61-98 Section III.A.4.a. and b. If additional space is required, photocopy this page and submit with your completed application.

#	Key Personnel Name	SC Certification # and Discipline	Years of Experience		Office Location
			w/applicant	Total	

- 5. Applicable Experience** — List the total number of environmental activities that have been conducted by the Key Personnel listed above. Complete this section for all persons, including persons on photocopied sheets.

Class		Key Person #		Key Person #		Key Person #		Key Person #	
		Last 3 years	Total	Last 3 years	Total	Last 3 years	Total	Last 3 years	Total
I & II	A. Total # of Environmental Projects in SC								
I & II	B. Delineation of Surficial Contamination								
I	C. Soil Assessments								
I	D. Groundwater Assessments								
I	E. Risk Evaluation								
I	F. Remedial Design								
I	G. Evaluation of Remedial Effectiveness								
II	H. Remedial System O & M								
II	I. Installation of Monitoring Wells								
II	J. Installation of Soil Test Borings								
II	K. Collection of Soil Samples								
II	L. Collection of Monitoring Well Samples								
II	M. Collection of Surface Water Samples								

- 6. Past Disciplinary Actions** — Have any disciplinary actions been taken, or are any enforcement actions pending, by any Federal, State or Tribal regulatory agency against either the Applicant or any Key Personnel of the Applicant listed on this page?

☐ Yes ☐ No

If yes, provide full details of the nature of the action, the state and regulatory agency, date(s), and the Agency's determination. Attach additional sheets if necessary.

7. **References** — List five non-confidential clients for whom the Applicant has performed Site Rehabilitation Activities within the last three years. The South Carolina Department of Health and Environmental Control is authorized to contact any of the clients listed above to verify the satisfactory performance of the Applicant.

_____	_____	()
Name of Contact	Company	Telephone

Project Name / Location

_____	_____
Type of Activity	Dates of Activity

_____	_____	()
Name of Contact	Company	Telephone

Project Name / Location

_____	_____
Type of Activity	Dates of Activity

_____	_____	()
Name of Contact	Company	Telephone

Project Name / Location

_____	_____
Type of Activity	Dates of Activity

_____	_____	()
Name of Contact	Company	Telephone

Project Name / Location

_____	_____
Type of Activity	Dates of Activity

_____	_____	()
Name of Contact	Company	Telephone

Project Name / Location

_____	_____
Type of Activity	Dates of Activity

8. **Authorization and Affirmation of Validity** — All information contained in this application is affirmed to be true and complete.

_____	_____	_____
Signature of Applicant / Principal for Applicant Company	Title/Position	Date

UNDERGROUND STORAGE TANK SITE REHABILITATION CONTRACTOR CERTIFICATION APPLICATION

Item by Item Instructions:

PURPOSE: Section III of the State Underground Petroleum Environmental Response Bank (SUPERB) Site Rehabilitation and Fund Access Regulation (R.61-98) requires the certification of any contractor performing site rehabilitation activities for releases from underground storage tanks governed under Regulation 61-92. The purpose of this form is to provide information requisite to certification by the Department.

An updated application shall be completed and filed with the Department within thirty (30) days of any changes in address or telephone number or any changes which may affect qualification. Complete only those sections which are changing.

Explanations and Definitions:

Complete all sections. Type, or print in ink, all items except "Authorization."

1. APPLICANT INFORMATION—

- Enter the name of the Individual or Company for which certification is sought. Enter the principal contact person's name. If the application is for a company, the principal contact should be an officer or registered professional of the company. If the application is for an individual, the principal contact is the individual requesting certification.
- Enter a business telephone number, e-mail address (if available), fax number, and complete mailing address.
- If application is for a company, and additional company offices are also to be certified, make a copy of the application and fill it out separately. The references listed on page 3 can be the same for the different applications from the same company. Multiple applications from the same company for different locations should be sent together. Do not list the same key people on more than one application. It is the company's responsibility to inform the Division within 30 days when key people change.

2. CERTIFICATION LEVEL REQUESTED—

Check the appropriate box for the type of certification requested:

- **Class I** Certification is for contractors performing work involving the collection and interpretation of investigative data; the evaluation of risk; and/or the design and implementation of corrective action plans.
- **Class II** Certification is for contractors performing work involving routine investigative activities (i.e., soil or groundwater sampling, well installation, aquifer testing) where said activities do not require interpretation of the data and are performed in accordance with established regulatory or industry standards.

Note: To maintain certification, the PG, PE, or Driller certification must be current. It is the company's responsibility to inform the Division if an individual is no longer SC certified. Failure to do so may jeopardize site rehabilitation certification status and the ability of the company to perform underground storage tank site rehabilitation work in South Carolina.

3. INSURANCE COVERAGE MAINTAINED BY APPLICANT—

Record the total insurance limits maintained by the applicant. The company insuring the applicant must provide copies of all "Liability Insurance Certificate(s)" directly to the Division at the address below and send updated copies as coverage expires. The applicant must be the named insured. R.61-98 Section III.A.4.c. requires that applicants maintain liability insurance coverage of the types and in the minimum amounts listed below.

- General Liability \$500,000 per occurrence / \$1,000,000 aggregate
- Professional Liability \$500,000 per occurrence / \$1,000,000 aggregate
- Pollution/Property Damage \$300,000

4. List all key personnel whose experience is to be considered in determination of "Applicable Experience." If more space is required, attach photocopies of page 2 of this form. Names of key personnel with a South Carolina professional license or registration should be listed as they appear on their license. Also, for these individuals, send a copy of their registration card showing the expiration date.

5. Enter the total number of projects conducted by the persons listed above. Complete only those items applicable to the certification requested. **Please note** that the top two lines of this section are to be completed by all applicants.

6. Indicate if any disciplinary actions have been taken or if any enforcement actions are pending, with any regulatory agencies against the Applicant or any Key Person named above. Complete this section for each photocopied sheet attached.

7. List five recent clients for whom you have performed site rehabilitation of underground storage tank releases. Do not list any clients where your work, or the project, is confidential.

8. This application must be signed in non-black ink by the Principal Contact Person named in Item 1.

Office Mechanics and Filing:

Submit completed original applications to:

Contractor Certification Program
SCDHEC UST Program
2600 Bull Street
Columbia, SC 29201

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).
However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+		+			
or								
Employer identification number								
	+							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note: *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Exempt payees. Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;